

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0002978

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 297

Primary Registration District No. 6020

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

Ray

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Crooked River township

Length of stay in 1b

instant.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 6 miles NE of Richmond

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Ray

c. CITY OR TOWN Richmond

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
218 Ralph St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

MARIAN

SILKWOOD

4. DATE OF DEATH

Month Day Year

January 10, 1965

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/23/1929

9. AGE (last birthday)

35

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY
Own home & others

11. BIRTHPLACE (City and state or country)
Ray County, Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

James Jefferson Gorham

13b. MOTHER'S MAIDEN NAME

Gladys Lilly Johnson

14. NAME OF HUSBAND OR WIFE

Doyle H. Silkwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT

Address

Doyle H. Silkwood, Richmond, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (b), (c), and (d).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broken neck and fractured skull

INTERVAL BETWEEN ONSET AND DEATH

Instant.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b).

DUE TO (c).

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year

Deceased drove auto in front of Burlington freight train, which struck auto, inflicting fatal injuries described above instantaneously.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Rural railroad crossing

20f. CITY, TOWN, OR LOCATION COUNTY STATE
6 miles NE of Richmond, Ray County, Mo.

21. I attended the deceased from never, to never and last saw her alive on never
Death occurred at 2:21 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert L. Jordan, M.D. (Coroner)

22b. ADDRESS

220 E. Main - Richmond Mo 1-12-65

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

Jan. 13, 1965

23c. NAME OF CEMETERY OR CREMATORY

Richmond Memory Gardens

23d. LOCATION (City, town, or county)

Richmond, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Thurman Funeral Home, Richmond, Mo.

25. DATE RECD. BY LOCAL REG.

1-13-1965

26. REGISTRAR'S SIGNATURE

Maluel Jackson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0890

2 0891

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8 2

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11 089

12 9-3

13 2-0

ATP9000

FEB 15 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~ATP9000~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Lewand Hurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.